

APPEAL #: \_\_\_\_\_

COUNTY: \_\_\_\_\_  
(where court jurisdiction for ward exists)

WARD'S NAME: \_\_\_\_\_

DATA COMPLETED: \_\_\_\_\_

**MICHIGAN FOSTER CARE REVIEW BOARD PROGRAM  
STATE COURT ADMINISTRATIVE OFFICE  
FOSTER PARENT APPEAL FORM  
1-888-866-6566**

**LANSING OFFICE**  
Michigan Hall of Justice  
925 West Ottawa St.  
Lansing, Michigan 48915  
(517) 373-1956  
FAX (517) 373-8922

**DETROIT OFFICE**  
3034 W. Grand Blvd.  
Ste. 8-400  
Detroit, MI 48202  
(313) 972-3280  
FAX (313) 972-3289

**GAYLORD OFFICE**  
814 S. Otsego Avenue, Ste.B  
Gaylord, Michigan 49734-0009  
(989)732-0494  
FAX (989) 731-4538

**PHONE INTAKE FORMAT**

**The intake person must keep in mind that most calls will be from agitated foster parents and, as a result, they may not be very organized and/or articulate. While keeping a calm/empathic demeanor, explain that obtaining critical information is necessary. Inform the caller that you have a series of questions which you must ask and then the caller will have a chance to add any information if they choose.**

**Date of Call:** \_\_\_\_\_ **Time of Call:** \_\_\_\_\_ **Person Taking Call:** \_\_\_\_\_

**When were you notified of the proposed move? Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Notified by: Letter** \_\_\_\_\_ **Phone** \_\_\_\_\_ **In Person** \_\_\_\_\_

**Date Children were/will be moved:** \_\_\_\_\_

1. Have you been told that the anticipated placement move is because of a court order, or an order from the MCI Superintendent? (*circle one*) Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did you (or your spouse) request the ward(s) removal? Yes \_\_\_\_\_ No x \_\_\_\_\_
3. Is the change of placement **less than 30 days** from the ward's initial removal from his/her own home? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is the change in placement **less than 90 days** after the ward's initial removal from home, and the new placement is at a relative's home? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF ANY OF THE ABOVE ARE ANSWERED "YES," THE FOSTER PARENT MAY NOT APPEAL TO THE FOSTER CARE REVIEW BOARD.**

FCRB:40:(11/05)

5. Has the agency told you the move is due to:  
Sexual abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
Non-accidental physical injury? Yes \_\_\_\_\_ No \_\_\_\_\_  
Substantial risk of harm to the child's emotional well-being? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF ANY OF QUESTION 4 IS MARKED "YES,"** the agency may move the ward(s), but the foster parent may still appeal the move to the foster care review board. Does the foster parent still wish to appeal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, continue with questionnaire.

6. Name of Foster Parent(s): \_\_\_\_\_
7. Address (Including City/Town) \_\_\_\_\_  
\_\_\_\_\_
8. Phone \_\_\_\_\_ Cell #: \_\_\_\_\_
9. Licensed with (agency) \_\_\_\_\_
10. How long \_\_\_\_\_
11. Have you been licensed before ? \_\_\_\_\_
12. With which agency: \_\_\_\_\_
13. Address: \_\_\_\_\_
14. Phone: \_\_\_\_\_
15. How long: \_\_\_\_\_
16. Child(ren) to be moved: \_\_\_\_\_
17. Child(ren's) ages : \_\_\_\_\_
18. How long have you had the child(ren): \_\_\_\_\_
19. Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_
20. Agency: \_\_\_\_\_
21. Licensing Worker: \_\_\_\_\_
22. Agency: \_\_\_\_\_

**Composition of the foster home (list everyone who lives in the home including foster children and others)**

23.	<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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**(For questions 24-31, use back of form if necessary)**

24. What reason did the caseworker give you for the proposed move?


24. Are you, or anyone else in your home, being accused of sexual abuse, non-accidental physical injury or emotional abuse of a child?


25. Have you been told you are in violation of any licensing rule (specify)?


26. Why are you objecting to the proposed move?

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27. Have you registered your complaint with anyone else (e.g. DHS/Agency Administration, Children's Ombudsman, etc.

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28. What was their response?

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29. Do you have a sense of why the children are being moved beyond what you have been told by your worker?

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30. Are you willing to attend a review by a Foster Care Review Board within 7 business days?

31. If there is a hearing, please notify whomever you would like to attend.

**Thank you . . . we will be back in touch with you soon regarding the next step. What phone number is best to reach you at?** \_\_\_\_\_

**PURSUANT TO 1997 PA 163 YOU “MUST SUBMIT YOUR APPEAL IN WRITING.”  
PLEASE BRING YOUR WRITTEN STATEMENT TO THE FOSTER CARE REVIEW  
BOARD HEARING.**